



PATENT
Attorney Docket No.: 020510-000400US

12/11/03
12/15/03
12/18/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

HJARTARSON et al.

Application No.: 09/652,388

Filed: August 31, 2000

For: ENHANCED LINE CARD AND
PACKETIZING CPE FOR LIFELINE
PACKET VOICE TELEPHONE

Customer No.: 20350

Confirmation No. 2861

Examiner: Q. Ghulamali

Technology Center/Art Unit: 2631

AMENDMENT

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 7, 2003, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.



\$2631

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/652,388
	Filing Date	August 31, 2000
	First Named Inventor	Hjartarson, Gudmundur
	Art Unit	2631
	Examiner Name	Chi H. Pham
Total Number of Pages in This Submission	Attorney Docket Number	020510-000400US

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Charles L. Hamilton Reg. No. 42,624
Signature	
Date	December 8, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	M. Diane Dubé		
Signature		Date	December 8, 2003